

B CLAIMS ONLY							Application Number <i>10/1061927</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<i>2</i>							
Total Depend	<i>4</i>							
Total Claims	<i>6</i>							